May 5, ,2020 via U.S. postal

Shikeb Saddozai-CDCR#AY1590 California State Prison-Corcoran P.O.Box 3461 Corcoran, California[93212] MAY 11 2020

MAY 11 2020

CLERK, U.S. DISTRICT COURT
SAN JOSE OFFICE

Office of Inmate Appeals ATTN:Appeal Coordinator 4001 King Avenue Corcoran,California[93212]

Chief Inmate Appeals Branch Department of Corrections and Rehabilitation P.O.Box 942883 Sacramento, California [94283]

CSP-C-Warden-Kent Clark California State Prison-Corcoran 4001 King Avenue Corcoran, California [93212]

RE: OBSTRUCTION OF INMATE APPEAL/GRIEVANCES & COURT ACCESS

This letter is a <u>NOTICE</u> served by Shikeb Saddozai, who is the Appellant/Petioner, on inmate CDCR-602-Appeal/Grievances/Fleadings that lare enclosed to be forwarded to the Office of Inmate Appeal's to be submitted for processing.

In support of said enclosed documents appellant/petitioner has attached twenty three(23) legal affidavit's(CDCR-22forms), to this letter signed and authorized by departmental correctional officer's under sworn oath, with declarations by prisoner's within appellant's place of custody confirming appellant/petitioner, making due dilligent efforts in attempting to satisfy Inmate Appeal/Grievance, and related legal litigation deadlines that were repeatedly obstructed, frustrated, impaired, and impeded, at all times were not within appellant/petitioner's control and access in submitting.

Due to extraordinary circumstances, i.e., facility lockdown, Covid-19, Ad-Seg placement (ASU), law library services closed/canceled, staff refusal to assist, are exceptional and reasonable grounds for delay, rendering appellant/petitioner from meeting time constraints, and for reasons described with supporting attached affidavits, appellant/petitioner is submitting appeal/grievance, and pleadings enclosed to seek remedy, exhaustion, and rebut arguments in opposition.

[Basis for Appellant/Petitioner's request:SEE, California Code of Regulations, Title 15 section(s)-3084.1.(c)(e);3084.3.(a)(c)(d); 3138.(h)(1);3084.6.(a)(4)&(b)(7)&(c)(3)(4)(B);3084.7.(i)(4);3084.9; 3086.(e)(2);3160;3162;3164.;(D.O.M.)-33030.3.3]

Sincerely

Shikeb Saddozai

Enclosed: (20)CDCR-22-forms/ (3)CDCR-602-Inmate Appeals/

Department of Corrections and Rehabilitation

State of California

Memorandum

Date:

April 7, 2020

To:

Associate Director, Division of Adult Institutions

Wardens

Subject:

REVISED COVID-19 MANDATORY 14-DAY MODIFIED PROGRAM

The California Department of Corrections and Rehabilitation's priority is to protect the health and well-being of our staff and the offender population as well as providing a safe environment. The purpose of the memorandum is to reduce staff and inmate exposure to the coronavirus (COVID-19) by increasing more restrictive measures.

Effective Wednesday, April 8, 2020, all institutions will implement a mandatory 14-day modified program. Each institution will be responsible for either creating or amending their current Program Status Report taking all of the following information into consideration:

- The entire institution will be affected, except for Restricted Housing Units, Correctional Treatment Centers, and Psychiatric Inpatient Programs, etc.
- Movement will be via escort maintain increased social distancing unless security would dictate otherwise (i.e. Administrative Segregation Unit placement).
 Movement will be in such a fashion as to not mix inmates from one housing unit with another housing unit.
- Feeding Cell feeding or one housing unit at a time, maintaining social distancing and disinfecting tables between each use
- Ducats priority only includes mental health groups and individual clinical contacts
- Visiting none
- Family visiting none
- Legal visits urgent/emergency, via telephone or video conference where available. Board of Parole Hearings will continue with attorney contacts as required
- Workers critical and porters
- Showers maintain distancing and disinfect between each use
- Health care services conduct rounds in housing units
- Medication(s) distribution Wardens, please work with your CEO's to establish a
 process, recommend if cell feeding, medication line is conducted within the unit. If
 doing controlled feeding within the dining halls, utilize medication windows on the
 vard
- Law Library PLU or paging option while maintaining social distancing in library
- Dayroom numbers need to be reduced to allow for increased social distancing which may result in no dayroom activities if unable to maintain social distancing numbers to accommodate showers and phones

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Associate Director, Division of Adult Institutions Wardens Page 2

- Recreation One housing unit/dorm at a time
- Canteen is permitted if unable to accommodate during scheduled yard time facilitate delivery method
- Packages are permitted
- Phone calls are permitted disinfect between each use
- Religious programs shall be cell front or deliver materials to housing unit/dorm/cells
- Educational materials to be provided either cell front or to dorm
- Request for Health Care Services Forms, CDCR-Form 7362, will be distributed and picked up in the housing units by staff

During this time, I would like to see our Community Resource Managers and Education Department facilitate the delivery of increased games, program materials, reading books, or other items to the housing units. Housing unit/dorm officers and supervisors are expected to conduct additional rounds and spot checks of inmates in an effort to reduce self-harm and/or suicide attempts.

All institutions will be required to provide a copy of their Program Status Report, Part-A, to their respective Associate Director each day for this 14-day period. Institutions are expected to brief staff and inmate advisory committees on this directive as this modified program is currently only slated to be in effect for 14-days, through April 21, 2020.

During the past couple of weeks there have been some best practices coming forward that I would like to see implemented or considered such as placing markers on the ground in six foot intervals as a reminder for staff and inmates to maintain social distancing, and the placement of acrylic glass (e.g. Plexiglas) at staff entrances as a barrier between the screener and the person entering the prison.

Thank you for you continued efforts in managing this COVID-19 event. If you have any additional questions, please contact your respective Associate Director.

CONNIE GIPSON
Director
Division of Adult Institutions

cc: Kimberly Seibel Patrice Davis Justin Penney State of California

Department of Corrections and Rehabilitation

Memorandum

Date:

April 28, 2020

To:

ALL STAFF

INMATE POPULATION

Subject:

CALPIA INMATE CLOTH FACE BARRIER/MASK

Due to the health risk associated with COVID-19, effective, Wednesday, April 29, 2020, all inmates/patients will receive one (1) face barrier/mask. Per California Correctional Health Care Services Memorandum, dated April 15, 2020, titled CALPIA Cloth Face Barrier/Mask, inmates/patients are required to wear a face barrier/mask during the following situations:

- In-cell living inmates shall use a cloth face barrier/mask covering within the institution during all activities, with the exception of inside their cell. Upon exiting the cell the face barrier/mask must be worn appropriately.
- Dorm living inmates shall use a cloth face barrier/mask covering at all times.
- There will be no exception to this requirement.

In the event an inmate misplaces or needs a mask, they are required to notify custody staff immediately. If an inmate/patient refuses to wear their face barrier/mask they will not be allowed to exit their cell. The inmate's/patient's refusal will immediately be elevated by staff to their immediate supervisor.

In order to ensure the health and safety of staff and inmate/patients the aforementioned will be adhered to until further notice. Any inmates having questions or concerns regarding this memorandum need to address the concerns with their housing unit officers.

Thank you,

KEN CLARK Warden

California State Prison-Corcoran

TE OF CALIFORNIA MATE/PAROLEE GROUP APPEAI	L.			DEPARTMENT OF CO	Page No <i>L</i> _	_ of _ 3 _
CR 602-G (08/09)						
	IAB USE ON	LY Institutio	n/Parole Re	gion: Log #:	Ca	tegory:
				FOR STAFF USE	ONLY	
This is a group appeal signature att	achment sheet. Attac	h it to your g	roup CDCF	R 602. You are to le	gibly print your nar	me, number,
This is a group appeal signature att assignment and housing, then sigr acknowledge that this appeal count			f appeals in	the period in which	it is filed.	
PRIMARY APPELLANT	Market and the second of the s	and the second s	WI	RITE, PRINT, or TYPE	CLEARLY in black	or blue ink.
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STATE OF CALIFORNIA INMATE/PAROLEE APPEAL CDCR 602 (REV. 03/12) DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. If you are dissatisfied with the Fir for processing within 30 calendar day	st Level response, explair s of receipt of response. It	n the reason below, attach sup f you need more space, use Se	porting documents and ection D of the CDCR 6	d submit to the Appeals Coordinator 602-A.
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Inmate/Parolee Signature:			Date Submitted	II IN EN
. Second Level - Staff Use Only		Staff – Ch	eck One: Is CDCR 60	02-A Attached? ☐ Yes ☐ No
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See attached	Letter. If dissatisfied with S	econd Level response, comple	ete Section F below.	D. J
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H. Request to Withdraw Appeal: 1 conditions.)				
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	Inmate/Parolee	e Signature:		Date:
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STATE OF CALIFORNIA		DEPARTMENT OF CO	RRECTIONS AND REHABILITATION
INMATE/PAROLEE APPEAL CDCR 602 (REV. 03/12)			Side 1
	IAB USE ONLY Institution	n/Parole Region: Log #:.	
You may appeal any California Department of Corrections adverse effect upon your welfare and for which there is no Regulations (CCR), Title 15, Section 3084.1. You must sen days of the event that led to the filing of this appeal. If addition guidance with the appeal process. No reprisals will be taken	no other prescribed method on this appeal and any support on all space is needed, only one for using the appeal process.	of departmental review/remedy ava- ting documents to the Appeals Coc CDCR Form 602-A will be accepte	ulable. See California Code of ordinator (AC) within 30 calendar d. Refer to CCR 3084 for further
Appeal is subject to rejection if one row of text per line	is exceeded. CDC Number:	WRITE, PRINT, or TYPE Unit/Cell Number:	CLEARLY in black or blue ink. Assignment:
Name (Last, First): Saddozai, Shikeb	AY1590	CSPC-3B01/227	_
State briefly the subject of your appeal (Example: dama			
DENIAL OF LAW LIBRARY ACCESS/RE		EES	
A. Explain your Issue (If you need more space, use Se	ation A of the CDCB 602 Al	While in the cust-	
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resources, and services, preven	ting appellant	s from initiating	
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of law. 3)A declaration that	the acts and c	omissions	la de la companya de
Supporting Documents: Refer to CCR 3084.3.			Ø
Yes, I have attached supporting documents. List supporting documents attached (e.g., CDC 1083, Inma	ite Property Inventory; CDC 12	28-G, Classification Chrono):	cod
CDCR-602-G			ж.,
☐ No, I have not attached any supporting documents. Re	eason :		Associ
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Inmate/Parolee Signature: Aladezaiw House S.S By placing my initials in this box, I w			(f)
C. First Level - Staff Use Only This appeal has been: Bypassed at the First Level of Review. Go to Section E		Check One: Is CDCR 602-A Atta	ched? Yes No
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(Print Name)		·	Sale completed.
Reviewer: Title:	Signature:		
Date received by AC:			
		AC Use Only Date mailed/delivered to	o appellant//

Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 8 of 51 DEPARTMENT OF CORRECTIONS AND REHABILITATION STATE OF CALIFORNIA INMATE/PAROLEE APPEAL FORM ATTACHMENT Side 1 CDCR 602-A (REV. 03/12) Category: IAB USE ONLY Institution/Parole Region: Log #: FOR STAFF USE ONLY Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used. WRITE, PRINT, or TYPE CLEARLY in black or blue ink. Appeal is subject to rejection if one row of text per line is exceeded. CDC Number: Unit/Cell Number: Assignment: Name (Last, First): CSPC-3B01-227 Shikeb AY1590 Saddozai, A. Continuation of CDCR 602, Section A only (Explain your issue): maintaining and responding to litigation activities related to legal matters, Court deadlines, inmate appeals, and criminal and civil actions. Inmate/Parolee Signature: & Andorwing thout rejudice 04/18/2020 B. Continuation of CDCR 602, Section B only (Action requested): violated facility policy pursuant to California Code of Regulations(CCR), Title 15, and appellant's state and federal U.S.Corstitutional rights under the I, IV, V, VI, VIII, XIV, Amendments.

Date Submitted: 04/18-2020

Inmate/Parolee Signature: A faul is zon without projudice

Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 9 of 51 DEPARTMENT OF CORRECTIONS AND REHABILITATION

STATE OF CALIFORNIA

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STATE OF CALIFORNIA GA-0022 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILIATION

CDCR NUMBER

INMATE REQUEST FOR INTERVIEW

DATE TO FROM (LAST NAME)	CUCR NUMBER
03/27/2020 3B-YARD-LAW LIBRARY Saddozai, S	AYIS90
HOUSING BED NUMBER WORK ASSIGNMENT	JOB NUMBER
3BO-1 (CSP) 3BO1-227 N/A	FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)	ASSIGNMENT HOURS
N/A	FROM TO
Clearly state your reason for requesting this interview. You will be called in for interview in the near future if the matter cannot be handled by corr	espondence
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ATTN: Law Library - I have active court, litigations, cas	es, & Appeal deadlines,
requiring physical access to law library to photo-copy, mai	, conduct legal research
needed to projecute legalactions. Please provide appointments.	ent. (Duplicate)
Cc: Warden / Clerk, USDC/TOIG/OIA 11- D	xited - 3-27-2020
Do NOT write below this line. If more space is required, write on back.	
INTERVIEWED BY LRONES	DATE 4/21/20
DISPOSITION	
you have a verified court destate le/4/20 9 am.	you have PLU
Status 5/4/20-6/3/20. You are schedules for bil	•
PSR, library access is Phil only.	

	* Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 11 of ₱1 →
	Work Schedule if applicable:
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1-20 July 20 3/5/20 3/5/20 3/5/20	PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION Date of Request: 04 2020 Date received Form From Law Library (Form) Shikeb Saddozau AYISAO Inmates Full Name (Print Legibly) CDCR #
	A. My established court deadline is based on (check one and provide information): A court imposed deadline for an active case ATTACH COURT DOCUMENT SHOWING THE DEADLINER Specify court (e.g., Kern County Superior Court): United States District Cast Northern Dist, - Case Numbers - Specify case number: 18-05558/18-04047/18-04511/18-07337/also For Eastern Dist, case No. OR A statutory deadline.
	Identify the statute or court rule that compels the deadline: Above are active eas
	B. My deadline pertains to ain) (check one and provide information if needed: - look up court record
	Writ of habous corpus
	C. The day of my established court deadline is (MM) (DD) (YY) requiring immediate response D. Inmate's self-certification of eligibility. (Check all that apply. Sign and date below) (USDe CAND 15 - Hour - Hour - Hour
	I am working on, and will only work on, my individual case. 13-4511-Same game
	legrify that all of the above information is true and correct. Lunderstand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request; and that I will be guilty of an administrative rule violation.
	Without prejudice AVISGO OU 09 2020 Sent Inmate's Signature CDCR = Date
	CDCR Staff Use Only PLI status is GRANTED Priority Legal User (PLU) status begins on 5 4 20 Priority Legal User (PLU) status ends on 6 3 20 PLU status is DENIED for the following reason(s):
•	
	LISOC CAND 18-05558 - you have feld a motion for extension of time but the court has not yet are the free but the court Reviewing Staff Certification extension. Deablese was 4/10/20. Deablese has passed. Thave reviewed this request and before granting this request I have verified that the requesting inmate has a valid court deadline that has been established by a Court. Statute, or Rules of Court.
	Reviewing Staff Name (Print) Staff Signature Date
	present to the library, it will be considered a refusal. Work schedules are taken into consider some afforders distributed by the filtrary of some and taken into consider some afforders distributed by the considered a refusal. Work schedules are taken into consider some afforders distributed by the considered and the filtrary distributed by the considered by the filtrary distributed by the filtrary distributed by the considered by the filtrary distributed by the filtrary

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L. Carrol/P. Williams. Co: CSPC-Warden-K. Clark

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

RESPONDING STAFF NAME:

DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE RETURNED

SECTION A: INMATE/PAROLEE REQUEST SIGNATURE (FIRST NAME) CDC NUMBER NAME (Print): (LAST NAME) AY1590 Shikeb Saddozai Saddozaí Shikab TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): HOUSING/BED NUMBER: ASSIGNMENT: HOURS FROM_ APPEAL ASSISTANCE REQUI CSPC-3801-227L clearly state the service or item requested or reason for interview: ATTN: CS6PC-Appeal Coordinator(s): Pursuant to California Code Regulations (CCR) Title 15 §§ 3138.(h)(1).,3162. I require your assistance to: PHOTO-COPY ONLY ORIGINAL LEGAL DOCUMENTS/EXHIBITS, OBTAIN-LEGAL MANILA ENVELOPES/WRITING MATERIALS NEEDED TO INITIATE/MAINTAIN/RESPOND TO INMATE FIRST/SECOND/THIRD-LEVEL APPEAL/GRIEVANCES REQUIRED TO SEEK REMEDY & FINAL EXHA-USTION, DUE TO law librarian's M. Lirones, LTA-Cormier, Edu. Principle-Wortman, deliberately blocking law library-access/services/resources-over30days. METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

SENT THROUGH MAIL: ADDRESSED TO: CSPC-Appeal-Goordinators-J.Caballos Date Mailer DATE MAILED: 04, 22, 2020 E DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE): FORWARDED TO ANOTHER STAFF?

ACCANTAIS	4-22-2620	A. Allasto	(CIRCLE OME) YES NO
rforwarded-townom: CSPC~Appeal Coordinator	:s⊸J.Ceballoa	DATE OF LL 22,2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
SECTION B: STAFF RESPONSE			

SIGNATURE:

DATE:

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SECTION C: REQUEST FOR PROVIDE REASON WHY YOU DISAGREE W COPY.	VITH STAFF RESPONSE AND FORWA	RD TO RESPONDENT'S SUPERVISOR IN PERS	ON OR BY US MAIL. KFEP FINAL CANARY

SECTION D: SUPERVISOR'S REVIEW			
RECEIVED BY SUPERVISOR [NAME]:	DATE:	SIGNATURE:	DATE RETURNED:
	1		
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Martin Ma			

Case 5:18-cv-05558-BLF $_{\rm L}$ Document 43 $_{\rm S}$ Filed 05/11/20 $_{\rm C}$ Page 13 of 51

WARDEN: Kent Clark/URGENT

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

HAME (Print): (LAST NAME)			CONTRACTOR OF THE PARTY OF THE		
Caddanal Chi	(FIRST NAME)	CDC NUMBER:	SIGNATURE:	St. 2.1.1	
	keb	AY1590		Saddozai.	
HOUSING/BED NUMBER: ASSIGNMENT: CSPC-3BO1-227L		HOURS FROMTO		DITION OF CONFINEMENT, PAROL	į
CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR	REASON FOR INTERVIEW: A TT	: CSPC-WARDEN	-Kent Cl	ark: Senio	Law-
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Senior Librarian-M. Lirones Education, Sup. Vortman

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

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SECTION A: INMATEIRA	WELL INLY	A STATE OF THE STA	9		
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32-Yaud-Facility-Captain

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

ECTION A: INMATE/PA	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
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Martinez

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTIO	N A: INMATE/PAROLEE REQ	UEST		
NAME (Print):	(LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
			4 V 4 Š U A	Chibah Childheal

TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): HOUSING/BED NUMBER: HOURS FROM CLASSIFICATION/FACTOR CSP-C/3801-2271 CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: (NOILCE) ECP-Correctional Counselor-1: MARTINEZ- Please pravide me interview to adress my concerns and issues. This is my THIRD-NOTICE unresponded/unresolved. (2)I have active Court Deadlines/Litigations & Appeals that I need to prosecute, and I am denied law library-SERVICE5/ACCESS/RESOURCES, From MARCH-15-to-present date: APRIL-23,2020, preventing ms from-initiating/maintaining/responding to all legal litigation activities. Pursuant to policy . COR 15 (3198:(a)(1), please assist we. METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED ** SENT THROUGH MAIL: ADDRESSED TO: CSP-C-3E-Yard/EOP-Counsalor-Martinez Date Mailed: 04/232020 T] DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE): RECEIVED BY: PRINT STAFF NAME: FORWARDED TO ANOTHER STAFF? XX 20 (CIRCLE ONE) YES DATE DELIVERED MAILED: METHOD OF BELIVERY (CIPCLE ONE) IN PERSON SY US MAIL CSP-C/3B-YARD/ROP-Counselor-Marti Abril-23,2920 33 SECTION B: STAFF RESPONSE SICNATURE: DATE RETURNED RESPONDING STAFF NAME: DATE: SECTION C: REQUEST FOR SUPERVISOR REVIEW PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY. DATE SUBMITTED: SIGNATURE: SECTION D: SUPERVISOR'S REVIEW RECEIVED BY SUPERVISOR (NAME): SIGNATURE: DATE RETURNED:

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STATE OF CALIFORNIA INMATE/PAROLES REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09) DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST (FIRST NAME) CCC NUMBER: SIGNATURE NAME (Print): (LAST NAME) AY1590 Shikeb Saddozai ShikebSaddozai TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): HOUSING/BED NUMBER: ASSIGNMENT: LAW LIBRARY DEMIAL AND DENIED COURT ACCESS HOURS FROM CSP-C/3801/227L CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW ATTN: NOTICE - Connie Gipson/Dicector-CDCR: Law library personnel at CSP-Corceran, upon my repeated requests, deliberately denied me law library SERVICES/ACCESS/RESOURCES, From MARCH-16-to-present date-May-2,2020, to prevent me from initiating/maintaining/prosecution of Court deadlines/legal litigations/Appeals, etc., VERIFIED, out of retaliation to punish me for filing inmate complaints (SEE, SOMS). Supervisory officials have corroborated jointly conspired, failed/refused to rectify, requiring your assistance to tremedy. METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

SENT THROUGH MAIL: ADDRESSED TO: DIFECTOR COCR: CORRIGO GIPSOR DATE MAILED DATE MAILED: 05,02, 2020 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE): FORWARDED TO ANOTHER STAFF? RECEIVED BY: PRINT STAFF NAME: SIGNATURE OFFICER'S REFUSE ficer(3)-E Segura Huerta/J.Alcantar (CIRCLE ONE) 05/03/2020 TO SIGN DATE DELIVERED/MAILED METHOD OF DELIVERY IF FORWARDED - TO WHCM: 2,2020 (CIRCLE ONE) IN PERSON BAM SHYE Director of CDCR**#Connie Gioson SECTION B: STAFF RESPONSE DATE RETURNED: SIGNATURE: RESPONDING STAFF NAME: DATE: SECTION C: REQUEST FOR SUPERVISOR REVIEW PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CAMARY DATE SUBMITTED: SIGNATURE: SECTION D: SUPERVISOR'S REVIEW SIGNATURE: DATE RETURNED RECEIVED BY SUPERVISOR (NAME): DATE:

California Stata Prison-Corcoras Case 5:18-cv-055583BLFs Document 48a i Filed 05/11/20 Page 18 of 51

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

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Y-2,2020, to preve	ant me from initia	iting/maintainin	g/prosecuting-Cour	<u>t deadli</u>
gal-litigations/	Appeals, etc., VER	(TEIED, out of rat	aliation to punish a	g vior
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iled/refused to r	ectify issues, re-	quiring your ass	istance for remedy.	
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STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

SECTION A: INMATE/PA		ay 49,970 yang manyang ngan Tanahan ang Pinasa 1946 Shanka ina manda na manda Habada I da 1966	
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ailed/refused t	o rectify issues, re	equiring your image	mediate assistance for rea
SENT THROUGH MAIL: ADDRES	PROPRIATE BOX.) **NO RECEIPT W SSED TO: COCR = Out Out Complete O COMPLETE BOX BELOW AND GIVE GOLDE	/Sara Smith	DATE MAILED: 05/03/202
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E.SEGURA/OFFIC	ER 05/03/2020	TO SIGN	(CIRCLE ONE) YES NO
IF FORWARDED TO WHOM:		DATE DELIVERED/MAILED:	METHOD OF DELIVERY:
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SECTION D: SUPERVIS		·	AND THE PROPERTY OF THE PROPER
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STATE OF CALIFORNIA CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

		O BE COMPLETED BY		
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REQUEST FOR:		nergent health care need, co ENTAL HEALTH [_]	DENTAL []	MEDICATION REFILL
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Shikeb Sa	ddozai	AY1590		CSPC-3801-227L
PATIENT SIGNATURE				DATE
Shikeb Sa	-			#\$\$20\$2020 - *********
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				clotain. Thank you.
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BEHALF OF THE PATIENT	T AND DATE AND SIGN TH	IE FORM		
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Warden-Kent Glark

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

SECTION A: INMATE/PAI	ROLEE REQ	UEST	·	apana Balan Amana di Mili manana di A	
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Case 5:18-cv-05558-BLFor Document 43 P Filed 05/11/20 r Rage 22 of 51

Appeals Coordinator-J. Caballos L. Carcol/P. Williams

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

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APPEAL COORDINATOR(S)
J.Caballos; L.Caccol4; P. Williams

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

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STATE OF CALIFORNIA INMATE/PAROLES REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

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APPEAL COORDINATOR: J. Caballos, COLL

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai,	Shikeb	AY1590	Shikeb Saddozai
HOUSING/BEO NUMBER: CSP-3801-227L	ASSIGNMENT:	HOURS FROMTO	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): DENTED LAW NOTICE/LIBRARY ACCESS
CLEARLY STATE THE SERVICE OR ITEM F	REQUESTED OR REASON FOR INTERVIEW: ATT	N: (MOTICE) CSP-	The same of the sa
			DATE, I am denied law library
			d on (SOMS), preventing me
from initiating,a	nd maintaining-inmat	<u>e appeal/compla</u>	ints, Court actions & deadlan
			al with-CONFIDENTIAL-LEGAL
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orocessing, or as a	<u>in alternative am(30)</u>	<u>day extension ua</u>	ntil granted law labrary acces
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Case 5:18-cv-05558-BLFOI Portugue of 143 rg Filed 95/11/20 Page 26 of 51 LITIGATION GOORDINATOR

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

NAME (Print): (LAST NAME)			
wwe tunde frest uwire)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
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March-16.to Apr	il-13,2020,No law	library access	& resources has been afforded
ma wardfied on (S	ioms).& needed to bi	rosecute my act	ive court deadlines/appeals/
molaints/plaadí	nes.etcon-U.S.D.	istrict Court,	Northern Div.Case nos.18-0555
-04047/13-04511.	<u>/18-07337/& Easter</u>	:n Dist1:20-c	v-00358, and can be located on
URT DATA BASE.PL	ease provide:copy-	services of CO	NFIDENTIAL-LEGAL-DOGS./Plead
g paper/Legal-Ma	inila-Envelopes,pu	irsuant to(CCR)	015§3138.(h)1,&§3162.
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STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAR	ROLEE REQUEST		
NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
- Saddozai	Shikeb	AY1590	Shikeb Saddozai
HOUSING/BED NUMBER:	ASSIGNMENT:		TOPIC (I.E. MAIL, CONDITION OF CONFIREMENT/PAROLE, ETC.):
CSP-3801-2274		HOURS FROMTO	LAW LIBRARY DEDIAL

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: CSP-Warden-Kent Clurk; On March-16, to April-14,2020. No law library access, and resources has been afforded to me upon submitting multiple inmate requests, & can be verified on (SOMS). Please assist me in accessing law library, needed to initiate & maintain-Court deadlines/appeals/ complaints on Case Nos. 18-05553/13-04047/18-04511/18-07337/for U.S.D.C., Northern-Dist., & Eastern Dist-1:20cv00358, & can be located on COURT-DATA-BASE. I raquice: services to copy-CONFIDENTIAL-LEGAL-Docs, conduct legal-research, etc.,

METHOD OF DELIVERY (CHECK APPROPRIATE BOX ☐ SENT THROUGH MAIL: ADDRESSED TO: ☐ \$\)) **NO RECEIPT WI !-WARDEN-Kent	LL BE PROVIDED IF REQUEST IS N Clark/Coroocan	MAILED ** * Date mailed: <u>()4 / 14/ 20</u> 21
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RECEIVED BY: PRINT STAFF NAME:	DATE: /	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
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STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

HAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:	
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HOUSING/BED NUMBER:	ASSIGNMENT:		TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):	
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			wered & unresolved. I have	
			CES to copy confidential-	
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to prosecute lege	al actions:SEE,Case	: No.18-05558/Ca:	se No.13-0404 7/tase No.18-	
			et Couet, Nocthern-Dist. Co	urt.
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STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE

E (Print): (LAST NAME)	(FIRST NAME)	COC NUMBER:	signature;
Saddozai	Shikeb	AY1590	ShikebSaddozai
OUSING/BED NUMBER:	ASSIGNMENT:		TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, EYC.):
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Hity-LAW LIBRARY	V.& RESOURCES.nee	ded to prosecute	e court deadlines, are unans-
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eral documents ar	nd obtain Lazal-Ma	anila envelopes	nacessary to respond to my
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8-07337/for thet	United States Dís'	trict Court, Nort	thern-Dist. (CCR 15§3138.£h
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SECTION B: STAFF RESI		nergy group of the second seco	Mary while feet transcription or company or many comments and control or company or company or company or company of the compa
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Case 5:18-cv-05558 PLF Document 43p Filed 05/11/20 range 30 of 51 Senior Librarian-M. Lirones Education. Sup. Wortman

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

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Case 5:18-cv-05558 BLEN Document 43:0 Filed 05/11/20 Page 31 of 51 3B01-3-B-YARD, LAW LIBRARY

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

SECTION A: INMATE/PAR	OLEE REQUEST		
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ll establish my a	ctive Court deadl:	ines/Appeals/L	itigations requiring immediat
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Case 5:18-cv-05558-BLORDORMMent AGE Filed OF 11/20 Page 32 of 51 LAW LIBRARY-3B-YARD

CDC NUMBER:

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

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Case 5:18-cv-05558-BLEOROGRAMENT THE FIRST OF 1/20 Page 33 of 51 ACADEMIC VICE PRINCIPLE WORTMAN

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

CR 22 (10/09)			
SECTION A: INMATE/PARO			
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Case 5:18-cv-05558-BQRCDBC0m27445 PHESCO5/11/20 Page 34 of 51 3-B-Yard LAW LIBRARY

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

SECTION A: INMATE/PAR			CDC HIMDED	signature:	
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Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 35 of 51 CORCURAN STATE PRISON SUPERVISOR/

PRINCIPLE

DEPARTMENT OF CORRECTIONS AND REHABILITATION

FORWARDED TO ANOTHER STAFF?

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

RECEIVED BY: PRINT STAFF NAME

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SECTION A: INMATE/PAROLEE			
NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:

Saddozai Shikeb AY1590 ShikebSaddozai

HOUSSHOUSEN NUMBER:
CSP-3B01-227L ASSIGNMENT:
HOURS FROM TO DENIAL OF LAW LIBRARY

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW. ATTN: (FIFTH NOTICE)-CSP-3-B-YARD: EDUCATION-SUPERVISOR/PRINCIPLE; On March-26,29,31,& April-1,2,3,2020,I submitted multiple notices alerting law-librarian, of my active Court-litigations, cases, Appeal deadlines, etc., requiring physical access to law-library & resources to: photo-copy confidential legal pleadings, obtain legal-manila envelopes, draft-paper, conduct legal research, etc., needed to prosecute my court actions, and all my request went unanswered, & unresolved. Please provide law library access.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX.) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

SENT THROUGH MAIL: ADDRESSED TO: CSP-3-B-Yard: EDUCATION-SUPERVISOR/Pr

Delivered to Staff (Staff to Complete Box below and give goldenrod copy to Inmate/Parolee):

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for library \$/5/20. A	legal materia	for your use. A blank conother deather below	Phili vequet

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

1)Per CCR 15 §3086.(f)(4), you failed/refused responding within(3)days past due, nor answered request for law library materials only provided by you.2)You confirmed active court cases/deadlines, yet continue denying access/resources/services, for P.L.U., or even alternative-G.L.U., & bypassed-chain of command response, with evil

.ntent to aid/protect staff misconduct	preventing me from remedles.
SIGNATURE:	DATE SUBMITTED:
Shikeb Saddozai	Received-&-Sent:04/22/2020

SECTION D: SUPERVISOR'S REVIEW			
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Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 36 of 51 CORCORAN STATE PRISON 3-B-Yard LAW LIBRARY

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

SECTION A: INMATE/PAROLEE REQUEST

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Case 5:18-cv-05558-**ይ**ወጀር **ወ**ጀር **0**ጀር **0**

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

DEPARTMENT OF CORPECTIONS AND REHABILITATION

	E REQUEST			
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Saddozai	Shikeb	AY1590	ShikebSaddo:	
CSP-3B01-227L	ENT:	HOURS FROMTO	DENIAL OF LA	
CLEARLY STATE THE SERVICE OR ITEM REQUESTI	ED OR REASON FOR INTERVIEW: A	THIRD NOT	ICE- 3-B-YARD(C	SP)Law Lib
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Case 5:18-cv-05558:BLE: Document:43: Filed 05/11/20 Page 38 of 51

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STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

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Case 5:18-cv-05558)BCFR/Document 43 EFiled 05/11/20 Page 39 of 51

LIFIGATION COORDINATOR/NOTARY SERVICES

STATE OF CALIFORNIA INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE CDCR 22 (10/09)

SECTION A. IMMATERNADOL DE DECHEST

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION M. IMMATERIANC	/ La La La 1 / La () (La ()) (
NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai	Shikeb	AY1590	ShikebSaddozai

TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.). ASSIGNMENT: HOUSING/BED NUMBER: HOURS FROM NOTARY SERVICES NEEDED CSP-3801-227L CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: ATTN: CSP-LITICATION COORDINATOR: D. GOCRE; I, Shikeb Saddozai, on today's date: March 31,2020, caquira NOTARY SERVICES, from a Notary Public or officer completing this services for the purpose of submitting legal documents. Please acknowledge time & date. 2. Please also assist me in accessing 3-8-Yard(CSP) facility law Library necessary inorder to obtain resources needed to prosecute Court actions and litigations due to my orior inmate request submittals have went ignored and unresloved. Thank you. METHOD OF DELIVERY (CHECK APPROPRIATE BOX.) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

□ SENT THROUGH MAIL: ADDRESSED TO □ SENT THROUGH MAIL: ADDRESSED DATE MAILED: 03 31 , 2020 ☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO ENMATE/PAROLEE): // FORWARDED TO ANOTHER STAFF? RECEIVED BY: PRINT STAFF NAME (CIRCLE ONE) YES ___ NO METHOD OF DELIVERY ⁽BY US MAIL (CIRCLE ONE) IN PERSON CSP-LIFTGATION-COORDINATOR/NOTARY March 31,2020 SECTION B: STAFF RESPONSE DATE RETURNED DATE: SIGNATURE RESPONDING STAFF NAME: SECTION C: REQUEST FOR SUPERVISOR REVIEW PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY. DATE SUBMITTED: SIGNATURE: SECTION D: SUPERVISOR'S REVIEW DATE RETURNED: RECEIVED BY SUPERVISOR (NAME): DATE: SIGNATURE:

Notice of liability for retaliatory actions against prisoners bringing Lawsuits, or file grievance against state employees.

Federal decisional Law is abundant regarding claims of retaliatory actions against prisoners by State Employees, and other Government officials, where the prisoners had filed or threaten to file an administrative Grievance, Staff Complaint, or Court Action against any prison or State Employee.

Employees can be held liable for injunctive actions, or Money damages and immediate interventions of the State or Federal Courts.

The Federal Court in, <u>Sprau v. Coughlin.(1998) 977 F.Supp.390</u>, Has held that the prisoners conduct in Threatening to file a complaint against a prison staff was protected by the First Amendment's guarantee of the right to petition the Government for the redress of a grievance, Other cases concluded in the same view of the Court are, <u>Rizzo v. Dawson.(9th Cir. 1995).778 F. 2d.527, Bradley v. Hall.(9th Cir. 1995).64 f. 3D.1276; Baker v. Zlochowan.(1990) 741 F. Supp. 436; <u>Lawrence v. Coghlin.(1994) 862 F. Supp. 1090</u>.</u>

Prisoners exercising their Constitutional rights can NOT be infracted, Retaliated or placed in Administrative Segregation, or be Transferred for doing so, The Courts has held that any acts against an inmate/prisoner, giving the appearance of retaliation, may infer retaliation and would held the state employee, or any official liable for damages and injunctive relief.

THEREFORE: This notice is an advisory against the threats of retaliation, or retaliation, or the threat to retaliate against, the inmate who is pursuing a protective practice under State and US.Constitution.

CLAIMS AND HISTORY OF THE CASE
IN VIOLATIONS OF THE UNITED STATES CONSTITUTION

Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 41 of 51

TE OF CALIFORNIA 1ATE/PAROLEE APPEAL CR 602 (REV. 08/09)			RRECTIONS AND REHABILITATION V(デルル) Side (
IAB USE		Davisor Log #	Category:
	Institution/Parole	Region: Log #:	C197_7
		M-1000	
	·	FOR STAFF USE	ONLY
ı may appeal any California Department of Corrections and Rehab	ilitation (CDCR) decision		
rerse effect upon your welfare and for which there is no other pregulations, Title 15, (CCR) Section 3084.1. You must send this appear is of the event that lead to the filing of this appeal. If additional space her guidance with the appeal process. No reprisals will be taken for upon the control of the co	escribed method of depated and any supporting docated is needed, only one Cosing the appeal process.	rtmental review/remedy avi cuments to the Appeals Cor DCR Form 602-A will be a	anable. See California Code of ordinator (AC) within 30 calendar occepted. Refer to CCR 3084 for
appeal is subject to rejection if one row of text per line is exceede	d. CDC Number:	WRITE, PRINT, or TYPE Unit/Cell Number:	CLEARLY in black or blue ink. Assignment:
Sadozai Shikeb	A41590	4-A-7	Appeals Coordinator
state briefly the subject of your appeal (Example: damaged TV, job		~	LAN OMFATTA APPEALS
mecessary, excessive, use aflettralded	divforce by af	ficer	THE COMPLETE AFFICELY
 Explain your issue (If you need more space, use Section A of t 	The CDCR 602-A):	a minima in som	
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rom evening meal awaiting my cell door to be unli	rked. I was beat	ened and buttered	1 - 7.
y four inmotes (Musen Yang; Lorm, Sumisaki,			NOV 0 2 2018
3. Action requested (If you need more space, use Section B of the	e CDCR 602-A):	ions requested	
are the following: The aforement	ioned in mate	25 :	
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Supporting Documents: Refer to CCR 3084.3. Yes, I have attached supporting documents.			
List supporting documents attached (e.g., CDC 1083, Inmate Property	Inventory; CDC 128-G, C	lassification Chrono):	'
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No, I have not attached any supporting documents. Reason:	We to restrict	TIUNS Made	14
DU MU CONFINEMENT Coffectional Office	ers have prev	lented me from	474
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nmate/Parolee Signature:	Date Submitted	:10-02-2018	
By placing my initials in this box, I waive my			
C. First Level - Staff Use Only	Staff – Check	One: Is CDCR 602-A Atta	ached? Yes No
This appeal has been			
☐ Bypassed at the First Level of Review. Go to Section E. ☐ Rejected (See attached letter for instruction) Date:	18 Date: 9/26/	Bate:	Dale:
Gancelled (See attached letter) Date:	Dato.		
Accepted at the First Level of Review.	_		D-1- Du-
Assigned to:Tit			• 1
First Level Responder: Complete a First Level response. Include Inte	erviewer's name, title, inte	rview date, location, and co	mplete the section below.
. •		n: Alpine Sec	5/104/
Your appeal issue is: Granted Granted in Part Down See attached letter. If dissatisfied with First Le	enied Other:	/	_ ,_
Interviewer:	Signature:		Date completed: 10.15.18
Reviewer: Title: S	Signature:		
Date received by AC:			
		AC Use Only	

Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 42 of 51

STATE OF CALIFORNIA INMATE/PAROLEE APPEAL CDCR 602 (REV. 08/09) DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

DON OUZ (ILLV. OU/OU)					
D. If you are dissatisfied with the First Level for processing within 30 calendar days of recei	pt of response. II you need in	ore space, use occu	non o or me oberras-	recleiled	
first level of review response	se to appeal via	U.S. posta	d an of octu	ber 28th 2018 at	
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the call of a sure of the and	Lockers Danning	れきんきもいかれ ニュ	contion Se	rciednt Hieno	$=U_{\alpha}$
Inmate/Parolee Signature:	ddo-zgei		Date Submitted :_	10-60-600	
E. Second Level - Staff Use Only	anneigg (120021) kenn van geleg goet 2 Arbanna van oang (12002) ann van ann ann ann ann ann ann ann ann	Staff - Chec	k One: Is CDCR 602-7	A Attached? ☐ Yes ☐ N	10
This appeal has been:					
☐ By-passed at Second Level of Review. Go to ☐ Rejected (See attached letter for instruction) ☐ Cancelled (See attached letter)	Date: Dat				_
Accepted at the Second Level of Review Assigned to:Cenval_Scrvice	Title: Hw Dai	e Assigned:/_	Date Du	e interviewer's name and title.	_
Second Level Responder: Complete a Second interview date and location, and complete the	d Level response. If an intervi section below.				ı
Date of Interview:					
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Reviewer:	Tale: Sign.	afure.		_	İ
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Date received by AC:			AC Use Only		
			A STATE OF THE PARTY OF THE PAR	d to appellant//	CONTRACTOR OF THE PARTY OF THE
F. If you are dissatisfied with the Second Review. It must be received within 30 calend Rehabilitation, P.O. Box 942883, Sacramen On of November 6 12018.	lo, CA 94283-0001. If you need to change the change of the	ed more space, use	Section F of the CDCR with Correction	602-A. Mal Officer Lieutena	t_{cii}
J. Zuniga For Second Level	602 appeal proces	s. I was r	10T HIVEN WOULD	DCE TIDITLE TO: ITIES	<u>V</u>
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alastinania (atria) a stellaria to	CO TO DAIN POM	MUNCE IS I	nconsistent	MALLO CILLIO	1-2
Inmate/Parolee Signature: A. Aasdo	3 gai		Date Submit	rea: Typophios	
G. Third Level - Staff Use Only				·	
This appeal has been: Rejected (See attached letter for instruction) [Date: Date:	Date:	Date:	Date:	-
☐ Cancelled (See attached letter) Date: ☐ Accepted at the Third Level of Review. Your	Li i- D Cropted	Cantod in Part	☐ Denied ☐ Other	···	_
Accepted at the Third Level of Review. Your See attached Third Level response.	appeal issue is 🔲 Granied	Li Granteu III i art			
See attached Tillia Esteriospones			Third Level Use Only	ed to appellant//	_
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H. Request to Withdraw Appeal: I request t conditions.)	hat this appeal be withdrawn				—
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Print Staff Name:	Title:	Signature:		Defet	
					

Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 43 of 51

STATE OF CALIFORNIA INMATE/PAROLEE APPEAL FORM ATTACHMENT CDCR 602-A (REV. 03/12)

Inmate/Parolee Signature:

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Category:

Side I

IAB USE ONLY Institution/Parole Region: Log #:

5QA-18-0 FOR STAFF USE ONLY

Date Submitted:

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used. Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink. Unit/Cell Number: AV1590 4-A-07 Appeals Coordinator A. Continuation of CDCR 602, Section A only (Explain your issue) : SAN OBENTIN APPEALS OCT 0 3 2018 I I e of my complaints of unnecessary use of force faile ensure chain of command is notified (a) (1). Please Note per appeals coordinator Empewriting appeal to meet criteria DEC 10 2018 Inmate/Parolee Signature: B. Continuation of CDCR 602, Section B only (Action requested): _ 10-02-2018

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): Falsely States he provided me CDCR BOZ HC Form when housing unit Alphne has no forms instacts and to replenish all CDCR forms which are not made Pursuant to Title 15 & 3084.10 Sgt. Alello will not acknowledge officer complaint Clauson's obvious error in using unecessary lethout am the Victim nor confirm incident report reflects I ctors attention was provided to me upon my repeated b. San Quentin State Prison Staff failed in their di San Quentin State Prison forms required inorder to grieve conditions of confinement that have adverse effect on my welfare needed thereby immediate doctors attention when Constitution rights to my tires redress my grievances and to be free against and unusual punishment. No specifics were given as to what granted, and Sat Aiello attempted to actually from exercising my rights by claiming I am not allowe CDCR 602-A complaint parallowedme actions recousted on of section available remedies and or inform me of available at the CDCR - 602 appeal completely misrepresented the operation to prevent me from complaining Date Submitted: _ Inmate/Parolee Signature: _

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): When officer Clauson Firel his Weapon, I was directly shot revealing is reasoning was planned and discriminatory atit of retaliation to my complaints. Officer Clawson firing his weapon, evidently failed to be documented on inmate incident report, to conceal officers negligence. No immediate doctors attention was provided upon my request, to prevent me from documenting all injuries, including infliction of injuries caused by handcuffs applied as punishment to prevent me from initialing a complaint naked devoid of disciplinary, and involuntarily, in the presence of non-medical staff Correctional Officers, showing that medical personnel failed to protect doctor-patient privileges, and that medical staff minimizing my injuries, pain, suffering against my protest, resulted from correctional officers influence tainting medical staff judgement, a common practice within CDCR. My placement in (ASU) aknowledged by Lieutenant was a non-disciplinary-status, however failed affording me equal right's and privileges made available to all inmates, and no reason existed to withhold my property (Legal, Religious, hygiene, food) over eight days than returned 8-22-2018 dostroyed and missing items out of retalication to my complaints. I have rames of multiple witnesses effected and ale victims of the inhumane conditions in (ASU) as myself. Date Submitted: November 27, 2018 Inmate/Parolee Signature: 1. 1. 10.7.00

Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 45 of 51

E OF CALIFORNIA ATE/PAROLEE APPEAL R 602 (REV. 08:09) DEPARTMENT OF CORRECTIONS AND REHABILITATION

	Side
	Side

HAB USE ONLY	Institution/Parole Region: Log #:	Category:
	5Q-A-18-029	.
	FOR STAFF USE	
may appeal any California Department of Corrections and Rehabilitation are effect upon your welfare and for which there is no other prescribed ulations, Title 15, (CCR) Section 3084.1. You must send this appeal and a of the event that lead to the filing of this appeal. If additional space is not er guidance with the appeal process. No reprisals will be taken for using the	method of departmental review/remedy avainy supporting documents to the Appeals Codeded, only one CDCR Form 602-A will be acceeded, only one CDCR Form 602-A will be acceeded.	ailable. See California Code of ordinator (AC) within 30 calendar
peal is subject to rejection if one row of text per line is exceeded.		CLEARLY in black or blue ink.
uc co	11590 2 Carson 14	Appeals Coordinator
ate briefly the subject of your appeal (Example: damaged TV, job removed	ral, etc.):	STANDENIN OFFICE
mate assault, Excessive Furce by a	mection officer, regard	INMATE APPEALS OFFICE
Explain your issue (If you need more space, use Section A of the CDC	CR 602-A): On ALMUST HAZOIS,	CALIFORNIA STATE MM 500
this assigned to 3rd ther, Bulger, Cell 27 San Quentr	Reception offer returning from	SAN QUENTIN, CA 94934
Ening meal awaiting my cell door to be unbeked. I was be		AUG. 2 7 2018
nates: Lorm, Sumisaki, and Esquivel. In attempting t		S AN
Action requested (If you need more space, use Section B of the CDC)		SEP(2) 6 2018
re the following: (1) My medical emergencies	he addressed,	THE A RESIDENCE
1) the following aforementioned inmates be di	sciplined and criminally	
Charged (3). Correctional Officer that Fire	ed his weapon be	CCT44 8 2018
ipporting Documents: Refer to CCR 3084.3.		NO 1/0 2 2018
Yes, I have attached supporting documents.		→ 5 2018
st supporting documents attached (e.g., CDC 1083, Inmate Property Invento	y; CDC 128-G, Classification Chrono):	** ²
		14.
No, I have not attached any supporting documents. Reason : Due to 1	estrictions made by my	
AGREMENT Correction officers have denied me opp		4
Iginal document of From GDCR-0022, Property Inco		
not) as supporting Evidence and efforts to receive issue		1. To 1
	Date Submitted: <u>18 - 25 - 2018</u>	. <i>(f</i>)
By placing my initials in this box, I waive my right t		who are
By placing my initials in this box, I waive my fight t	2 1772	
First Level - Staff Use Only is appeal has been:	Staff – Check One: Is CDCR 632-A Atta	ched? Yes No
Bypassed at the First Level of Review. Go to Section E. \mathcal{L}_{13}	9/16/10	'
Rejected (See attached letter for instruction) Date:	ate: Date:	Date:
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Assigned to:	Date Assigned: 19/16	_ Date Due: 1/20[18]
st Level Responder: Complete a First Level response. Include Interviewer'		nplete the section below.
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ur appeal issue is: Granted Granted in Part Denied	Other:	
erviewer: R. M. See attached lefter. If dissatisfied with First Level respective of the serviewer of the serviewer of the service of the serv		Date completed: 10 · 15 · 15
eviewer: Title: A Signature		
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H CA10	AC Use Only Date mailed/delivered to	appollant c. /D. /

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STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MATE/PAROLEE APPEAL DR 602 (REV. 08/09)			Side 2
	Level response, explain the reason below, of receipt of response. If you need more spa	attach supporting documents and submit to the Appeals Coordace, use Section D of the CDCR 602-A.	dinator
			
Inmate/Parolee Signature:		Date Submitted :	
. Second Level - Staff Use Only		Staff - Check One: Is CDCR 602-A Attached?	□ No
his appeal has been:			
	. Go to Section G.	Date: Date:	
] Rejected (See attached letter for instr] Cancelled (See attached letter)	uction) Date: Date:		
Accepted at the Second Level of Revi	lew AutoCC	gned: 1219 . Date Due: 121918	
ssigned to: T, MU	Title: \(\overline{HW\logberto} \) Date Assign	gned: Date Due: Tt tro	itle
Second Level Responder: Complete a	a Second Level response. If an interview at the	ne Second Leverts necessary, include litter wewer's harro and	,
interview date and location, and comp	em. // C/19	Interview Location: CCI VIA telephone	
Your appeal issue is: Granted	Granted in Part Denied	Other;	
See attached le	etter. If dissatisfied with Second Level respon	nse, complete Section F below.	0/19
terviewer: J. ZUNTGG	Title: Signature:	Date completed :	1.0
(Print Name)	Title: ///// Signature:	Date completed:	
(Print Name)	3 1010		
Date received by AC:NOV (I)	<u> </u>	AC Use Only NOV 13	4 201
	•	AC Use Only Date mailed/delivered to appellant $\frac{\text{NOV}}{\text{L}}$	9 201
F. If you are dissatisfied with the S Review. It must be received within 3 Rehabilitation, P.O. Box 942883, Se	econd Level response, explain reason belong calendar days of receipt of prior response. Acramento, CA 94283-0001. If you need more	ow, attach supporting documents and submit by mail for Thin	d Level
C. Omardad	1 500 - 1-07 11 Hallow	rent: failed to be stamped,	
See AMERICE	C DCIE- GOE WINGHI	date maded and delivered	ں
		appellant.	
		apperaum.	
		Malomber 5) 1 t
Inmate/Parolee Signature:	addozeú	Date Submitted: November	
3. Third Level - Staff Use Only			
		Date: Date:	_
] Rejected (See attached letter for instr	uction) Date: Date:	Date: Date:	
Cancelled (See attached letter) Date of the Third Level of Review	ı. Your appeal issue is ☐ Granted ☐ Gra	anted in Part	
See attached Third Level respon	se.	Third Level Use Only	
		Date mailed/delivered to appellant/	_/
	equest that this appeal he withdrawn from f	urther review because; State reason. (If withdrawal is condition	onal, lis
1. Request to Withdraw Appear: 1 19 (conditions.)	aquest that this appear be withdrawn from t		
	Inmate/Parolee Signature:	Date:	
Dulet Stell Market	Title: Signatur	re:Date:	
C 100 ORGH ING/115			

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STATE OF CALÍFORNIA INMATE/PAROLEE APPEAL FORM ATTACHMENT CDCR 602-A (REV. 03/12)

inmate/Parolee Signature: _

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Date Submitted: 10-02-2018

ide L

IAB USE ONLY Institution/Parole Region:

Log #:

Category:

50 A-18-02997 Z

FOR STAFF USE ONLY

The state of the s	Only one CDCP	500 A may be used	
Attach this form to the CDCR 602, only if more space is needed. Appeal is subject to rejection if one row of text per line is exceeded.	WRITE, PRINT, o	r TYPE CLEARLY in black or	blue ink.
Name (Last, First):	GDC Number: FY1540	UniVCell Number: U-A-O7	Appeals Coardinator
Saddozai Shireb			[Appeals 605.311404]
A. Continuation of CDCR 602, Section A only (Explain your Issue) :	<u>EBANIVAI.</u>	In attempting to	- Allender
protect my head and face from my attack			SAN QUENTIN APPEALS
without verbal warning or warning shots inter	therally dischar	raed, and fired the	OCT 0 3 2018
weapon structury rue on my lower right side budy	TOURCE MY C	L NEED Aluma	
being repeatedly assumted other than the	ntended tag	o colubation double	NOV 0 2 2018
had in his puscossion chamical agents that	Stessivery	DEO ANU	
and or great bodily injury and deliberately particular sequence of alternatives to the in		of deadly lethal	11.5
force. My attackers physical resistance per			
orgain compliance resulting in inmate Mason Y			(J)
attack to escape incident. I was forced to			2663.00
non-medical professionals violating my pri			Nasari
dectors attention or medician was pro	vided form	pain suffering	1 Tangan
and sustained injuries consistent to to	days dute (sotober 2nd 2018)	
impairing me from my life activities I re	ercieved inci	dent report	The state of the s
reflecting that I am the victim in said ma	tter, however	officers who became	The state of the s
aware of my complaints of unecessary use of force	e failed and ref	used to report	marks.
submission and ensure chain of command is no	stified Pursum	it to little 15532684)	4 y ² s
(a)(1). Please Note per appeals coordinator Inneuer	rting appeal to	meet eriteria o	(J)
Inmate/Parolee Signature:	Date St	ubmitted: <u>【ひ~ひZ~<i>70년</i></u>	
<u> </u>			
B. Continuation of CDCR 602, Section B only (Action requested):	specialis	at to privide m	is a physical
at all up and nowlide are to britton De	ひっとし ターガック	こいへの おしさらし タンさいい	wedien ;
Trequest Correctional Officer Clar	mesu pe a	lischarged from	n his duties
I request that 602-602A medical a	und 22 to	rms be readily	made available
on all inpute bousing units and the	vat surveil	unce comeras	be placed on
units and start office-areas.	L reguest	a declaration	in their the
Trequest Correctional Officer Clar Trequest that GOZ-GOZA medical a on all impate housing units and the units and staff office-areas. I acts and omissions violated m	y const	tutional righ	ts ,
		<u>. 6 </u>	

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

Side 2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): Falsely States he provided me form when housing unit Alphne has no forms instock and to replenish all COCR forms which are not made Musuumt to Title 15 & 3084.1(e) Sqt. Alello will not acknowledge initiating a complaint obvious error in using unecessary led om the victim nor confirm was provided to me upon my repeated State Prison Staff tailed in torms required inorder to grieve conditions of + have adverse effect on my welfare and or provide Continement H needed thereby are ors attention when my redress my grievances and No specifics were given as to what punishment Sat Aiello attempted franted, and from exercising my rights by claiming I am not allowed to requ of my CDCR 602-A complaint parallowed me actions requested on of section B available remedies and or inform me of available remedies and misrepresented the operation at the CDCR-602 to prevent me from complaining Date Submitted: _ Inmate/Parolee Signature:

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): When officer Clawson First his Weapon, I was directly shot revealing is reasoning was planned and discriminatory atit of refaliation to my complaints. Officer Clawson firing his weapon, evidently failed to be documented on inmate incident report, to conceal officers negligence. No immediate doctors attention was provided upon my request, to prevent me from documenting all injuries, including infliction of injuries caused by handcuffs applied as punishment to prevent me from initiating a complaint naked, devoid of disciplinary, and involuntarily, in the presence of non-medical staff Correctional Officers, showing that medical personnel failed to protect doctor-patient privileges, and that medical staff minimizing my injuries, pain, suffering against my protest, resulted from correctional officers influence tainting medical staff judgement, a common practice within CDCR. My placement in (ASU) aknowledged by Lieutenant was a non-disciplinary-status, however failed affording me equal right's and privileges made available to all inmates, and no reason existed to withhold my property (Legal, Religious, hygiene, food) over eight days than returned 8-22-2018 doestroyed and missing items out of retalication to my complaints. I have rames of multiple witnesses effected and are victims of the inhumane contitions in (ASU) as myself. Date Submitted: November 27, 2018 Inmate/Parolee Signature:

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STATE OF CALIFORNIA INMATE/PAROLEE APPEAL FORM ATTACHMENT CDCR 602-A (REV. 03,12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side I

IAB USE ONLY Institution/Parole Region:

Log #:

Category:

SQ A-18 - 0299

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Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used. Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):		CDC Number:	Unit/Cell Number:	Assignment:
SKADDOZAI	, SHIKEB	AY 1540	2 Carson 14	Appeals Coordinator
A. Continuation of CDCR 603	2, Section A only (Explain your issue)	: from my attacl	cers, Correctional	
efficer fired his oun ar	nd shot me on lower right sid	e of my body tow	lards my huttocks.	MIMATE APPEALS OFFICE
Incident report reflec	ts that I am the Victim, how	wes know I co	1923 Correction of Fice is	LAUFORNIA STATE PRISON
negligence in my interv	lew mith Captain, August 15 20	<u>e Captolin store</u>	allow and of things	SAM GUZZTIN, CA 94964
just happens". No imme	liate doctors attention comedi Importing me in my daily livin	ansada Tuni	s dried in Cores	(C) = 0400
Alministrative Secretal	on cell 2 c14 devoid of discip	lima violation of	r violence yet I was	AUG 7 2008
subjected to being bend	icuffed at all times behind m	1 back, as punis	homent inflicting poun	SEP 4.80 2018
cuts bruises and restric	ting blood circulation on my	rom, one of wh	nich is disabled. I	1 .
an denied ability to m	aintain hygiene to shower,	groom exchan	ge linen and clottes.	OCT 6 3 2018
My cell tollet, sin x, will	s and Floors are covered in	Houring and o	thei bodily excreations	NOV-0 2 2018
that I am fored to be	eath daily. My mattress is d	estroyed and sau	<u>rlicated with arms.</u> onical denomina enobles	2 2018
PHY CELL SINK IS MYUFAI	nctioned and upon multiple c all meals in twenty four bour	icolation I ar	n denied Freshair and	1 22/25
aracrisa in Laurens	icus request buith Correction o	officers to redre	ss my anerances and	l l
medical energencies we	entionered and uncorrected	. My legal mater	icals and personal	Service Control of the Control of th
amount under included a	ny religious modericus and hux	Jene were con-	recated outside my	leve .
access preventing me from	n complying with legal decidlines	cuising medin	rige and depriving me	
from practicing my religiou	15 Muslim forth while other innotes	es are in pissessi	in of their Egyland religion	
Inmate/Parolee Signature:	1- Scatt 67/24	Date Si	ubmitted: US-25-7019	
	2, Section B only (Action requested):	diachalia		
B. Continuation of CDCR 602	2, Section B only (Action requested): ,	1120111115	CITY 2 CT 13 C	7 100

OB -Date Submitted: _ Inmate/Parolee Signature:

Francisco

Case 5:18-cv-05558-BLF Document 43 Filed 05/11/20 Page 50 of 51

STATE OF CALIFORNIA INMATE/PAROLEE APPEAL FORM ATTACHMENT CDCR 602-A (REV. 03.12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

IAB USE ONLY

Institution/Parole Region:

Side I Category:

50 A-18 - 02997

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Unit/Cell Number: CDC Number: Name (Last, First): 2 Carson 14 Appeals Coordivator SHIKEB AY 1540 SMADDUZAI A. Continuation of CDCR 602, Section A only (Explain your issue): from my attackers Correctional efficer fired his gun, and shot me on lower right side of my body towards my huttocks. Incident report reflects that I am the Victim, however when I raised Correction officers negligence in my interview with Captain, August 15 2018, Captain stated" these Kind of Hins just happens! . No immediate acctors attention or medicion was provided for my pain, suffering and sustained injuries impairing me in my daily living needs. I was placed in Carson ALIA-2 7 200 Administrative Segregation cell 2 c14 devoid of disciplinary violation or violence yet I was subjected to being hardcuffel at all times behind my back, as punishment inflicting pain SEP \$46 2018 cuts bruises, and restricting blood circulation on my arm, one of which is disable & DCT 0 3 2018 am denied ability to maintain hygiene to shower, grown, exchange linen and clottes. My cell toilet, sink, while, and Floors are covered with wrine and other bodily excreations NOV 0 2 2018 that I am forced to breath douby. My mathress is destroyed and saturated with unine. Hy cell sink is multipled and upon multiple requests I am denied cleaning supplies 11. and fored to consume all meals in twenty four hour isolation. I am denied freshoir and exercise and my numerous request boilth Correction officers to redress my aniexances and medical emergencies went to noted and uncorrected. My legal materials and personal property that included my religious materials and higher e were conficulted attitude my access preventing me from complying with legal deadlines causing medurage and depriving me (1)from particing my religious Muslim Fout while other Inmotes are in possession of their tapiland keligious Date Submitted: 108 - 25-7018 Inmate/Parolee Signature: _ B. Continuation of CDCR 602, Section B only (Action requested): disciplined that rights my hygiene clean and

SAM GUZZTIN. CA 94984

ability to pract reliaious lead materials eliaibus and removed from administrative Segregation classification and that innectes victims of assault not Date Submitted: 08 - 25 Inmate/Parolee Signature:

Shikeb Saddozai # 1441590 Cairfornia Correctional Institution Fugility C -1-243

Temachapi, California, 93581

CA STATE PRISON CCI- TEHACHAPI FACILITY C BLDG 1

confidential Legal Mail

Muil To: Chief, Inmate Appeals Branch,

Department of Corrections and
Rehabilitation
Rehabilitation
P.O. Box 9428
Sacramento California 9428